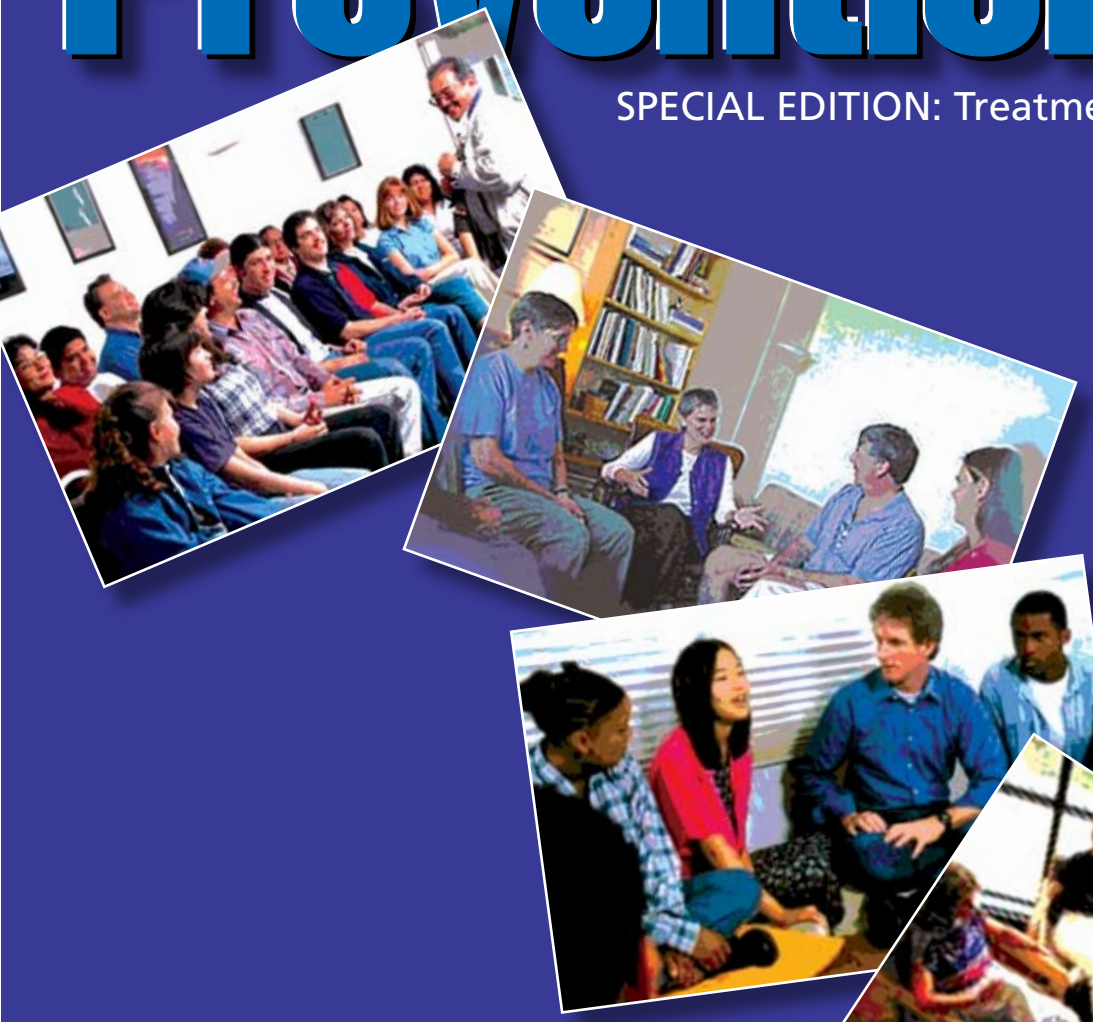
DECEMBER 2006

Alcohol, Tobacco and Other Drugs

Prevention File

SPECIAL EDITION: Treatment and College Students



- Alcohol Treatment and College Students
- Substance Abuse Interventions in Context
- The Power of Words

Colorado University's Recovery Role Model

Colorado University-Boulder looked to Texas Tech University when it decided to take steps to help its students who are recovering from addiction. The recovery center at Texas Tech is a peer-based support system for students who are recovering from drug and alcohol addictions and eating disorders.

The Center for the Study of Addiction and Recovery at Texas Tech, which has been up and running since 1986, currently serves nearly 100 participants. Students from across America have come to Texas Tech in order to participate in this program.

According to the *Colorado Daily* (July 13, 2006), CU-Boulder's Center will provide specialized services for students, such as academic support, life-skills workshops, weekly seminars, group meetings and individual counseling.

The CU Parents Association provided $25,000 in seed money for the Center. Organizers hope to keep it going with grants from foundations and individuals, as well as money from parents of students who use the services.

According to Jack Levino, coordinator of the Center, about 6 percent of CU-Boulder's 30,000 students have an addiction, most to alcohol, but others to drugs and gambling (*Rocky Mountain News*, May 11, 2006).

"Fifty-eight percent of CU students surveyed said they'd recently done some binge drinking —defined as five or more drinks in one sitting," said Robert Maust, who chairs CU's Standing Committee on Subsstance Abuse. That's well above the national average for college students.

"There are a number of students who leave CU because of alcohol and drug problems—they can't cut it academically or they get into problems and get suspended under judicial affairs," Lavino told the *Rocky Mountain News*.

Lavino said that until now, if students brought alcohol or other drug problems to CU, or developed them there, they'd have only limited services available, and most likely would have to go elsewhere for comprehensive help.

Now students can get academic tutoring or assistance in finding housing in a dorm where residents have pledged not to drink and to help each other abstain.

In addition to Texas Tech, other colleges in the nation with similar on-campus recovery services include the University of Texas, Rutgers University and Brown University.

National Alcohol Screening Day on Campus

National Alcohol Screening Day® is an annual event that provides information about alcohol and health as well as free, anonymous screening for alcohol-use disorders. It's aimed at providing outreach, screening and education about alcohol's effects on health for the general public. CollegeResponse, the college component of NASD, emphasizes education and early intervention, working as a tool to assist colleges and universities in their alcohol prevention efforts.

Campuses that register to participate in NASD receive materials to screen students for alcohol problems and educate them about alcohol's effect on overall health. Online screening tools are also available.

Over 500 campuses registered for NASD 2006, which took place on April 6. An estimated 45,900 students were screened at in-person NASD program events. In addition, during the 2005-2006 program year 13,580 students participated in the NASD online screening program. Sixty percent of these students scored positive for symptoms consistent with drinking at levels considered either hazardous/harmful or alcohol-dependent.

CollegeResponse includes the following components:

- *One-day, in-person events:* In addition to National Alcohol Screening Day, events include Mental Health Screening and National Eating Disorders Screening Program.
- *Year-Round online screening:* A tool that can be customized by a college for its own website. To see a sample online screening go to https://www.mentalhealthscreening.org/ screening.
- *Healthcare/Primary Care component:* Health center screenings that can be conducted on a regular basis for students seen for medical problems.
- *SOS Suicide Prevention Program component:* A video, discussion guide and educational material that can be presented by Residence Life Staff, Wellness Programs, Counseling Personnel or others at any time throughout the year.

NASD 2007 will be held Thursday April 5, 2007. Colleges and universities may register for one or all of the screening programs available through CollegeResponse. For further details on a specific program, visit http://www.nationalalcoholscreeningday.org/college/index.aspx or call 781/239-0071.

Search for Evidence-Based Practices

According to the National Quality Forum, a private, not-for-profit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting, although effective, evidence-based treatments for alcohol and drug use disorders exist, their use is neither widespread, consistent,

Continued on inside back cover

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PREVENTION FILE

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FOCUS ON TREATMENT

By Laurie Davidson

REGULAR READERS OF *PREVENTION FILE* may be surprised to find that this issue is devoted entirely to the topic of treatment for alcohol and other drug problems for college students. This is *Prevention File*, after all, and its publisher, the Silver Gate Group, is well known in the field for communicating research on environmental approaches to a wide range of health problems, and to alcohol problems in particular. For more than a decade, the Center for College Health and Safety, which commissioned this special issue of *Prevention File,* has supported the efforts of college and university administrators, community members, and state government officials to change the environment that supports heavy alcohol use, other drug use, and the resulting negative consequences for students, the campus, and the surrounding community.

Why this interest in treatment? As with so many things, timing is everything. With the campus prevention field embracing environmental management and with new research showing that environmental approaches are effective, we felt it was the right time to turn our attention to a neglected area in what should be a comprehensive approach to addressing alcohol and other drug problems on campus: what campuses are doing to help the smaller subset of students whose problems with alcohol and other drugs are severe enough to require treatment.

The idea for this issue of *Prevention File* arose from a CCHS-sponsored symposium on campus treatment and recovery issues held in February 2006 with funding from The Robert Wood Johnson Foundation. The symposium brought together researchers, campus administrators and clinicians, and representatives of national organizations interested in college health to examine what campuses are doing, and what campuses, researchers, and funders could be doing, to support students in need of treatment and recovery services.

Why this interest in treatment? As with so many things, timing is everything.

The topics of the articles contained herein reflect some of the key issues raised in the symposium. The lead article gives an overview of the scope of the problem of student alcohol abuse and dependency and addresses the challenges campus officials face in trying to support students struggling with addiction. Additional pieces describe programs campuses are developing to support students in recovery, provide an update on the latest research and practice of brief interventions for college students, and argue that language matters—that the words we use can shape the decisions we make in our efforts to reduce heavy drinking and treat addiction on college campuses.

Finally, our commentary for this issue rightly reminds us that efforts to change the environment that abets heavy use of alcohol on college campuses must continue. Indeed, they are still the best way to prevent problems that plague not only students who drink but those who do not drink, the campus environment, and the neighborhoods surrounding campuses.

Our students—our future employees, employers, leaders, and parents—deserve a complete, comprehensive, and unwavering effort from us, driven not by ideology but by an examination of the science of prevention, early intervention, and treatment.

Laurie Davidson is the director of the Campus Alcohol Prevention and Intervention Project and associate director of the Center for College Health and Safety at Education Development Center, Inc., in Newton, MA.

Alcohol Treatment and College Students: Growing Problem, Emerging Response

By Erin C. Dunn and Maggie Mannell

Although campuses have worked hard over the years to develop comprehensive population-level prevention programs, these efforts alone are not enough to meet the needs of students with serious alcohol problems.

ASK MOST COLLEGE-EDUCATED ADULTS about drinking in college and they will likely describe images of young students partying, having fun, and engaging in a harmless "rite of passage." However, recent findings tell another story—college student drinking may not be as harmless as people think.

Each year, a small but significant number of college students have alcohol problems that are severe enough to require professional attention. Using data from a national survey, researchers from the Harvard School of Public Health estimate as many as 31 percent of college students meet diagnostic criteria for alcohol abuse. Another 6 percent were found to be alcohol dependent, displaying signs of abuse in addition to symptoms like tolerance—needing more of a substance to achieve the same effect—or withdrawal.

Data also show that even students who do not reach this threshold can still have a serious problem with their drinking. These students most likely represent a substantial proportion of the estimated 40 percent of college students who engage in heavy drinking at least once every two weeks (defined as four or more drinks for women and five or more drinks for men in one sitting) and the nearly 20 percent who do so several times each week.

These trends are certainly a cause for concern. College students who drink heavily or have a diagnosable alcohol disorder routinely under-perform academically, engage in risky behaviors such as unplanned sexual activity or drunk driving, and disrupt the communities in which they live.

"Students with serious alcohol problems are also more likely than their peers to use other drugs and experience mental health problems like depression and anxiety," said Spencer

Deakin, director of counseling at Frostburg State University, at a Campus Alcohol Treatment Issues Symposium, convened in January by the Center for College Health and Safety, with funding from The Robert Wood Johnson Foundation.

Although campuses have worked hard over the years to develop comprehensive population-level prevention programs, these efforts alone are not enough to meet the needs of students with serious alcohol problems. Indeed, some students need more individually-focused services, including treatment, to reduce their problem drinking.

A Model for Treatment

College students represent a very specific population with a unique set of needs.

"Merely transposing adult models of care onto the college population is not sufficient to address the range of factors that cause this high level of alcohol-related problems," said Andrew Finch, executive director of the Association of Recovery Schools, at the symposium. Since research on comprehensive models of college-specific treatment is lacking, where does that leave us?

Many students who have alcohol problems don't think they need treatment. They tend to overestimate how much other students drink and think their behavior is 'normal'

The American Society of Addiction Medicine (ASAM), a leading association of physicians specializing in the treatment of alcohol and other addictive behaviors, developed a comprehensive framework for providing alcohol and other drug treatment to the general population. This framework, often referred to as a continuum of care, defines treatment broadly as services that address all levels of alcohol-related problems from prevention to early intervention, recovery, and aftercare.

The ASAM model provides a lens through which college treatment issues can be viewed. Every step on the ASAM continuum of care represents a level of risk experienced by college students as well as a corresponding treatment option. Treatment can be combined with the Institute of Medicine's recommended "stepped care approach," which allows students to be matched to one of multiple levels of care based on the severity of their alcohol use and the range of personal and environmental factors that influence their drinking.

For example, a student experiencing alcohol-related problems that do not meet the criteria for abuse or dependence could receive an early intervention like the Brief Alcohol Screening and Intervention for College Students (BASICS). Students who meet these criteria would be matched with more intensive in- or out-patient services. Those recovering from alcohol problems would be provided with relapse prevention programs such as substance-free housing and peer support groups.

By recommending a range of services, this model provides the flexibility to consider the students' readiness to moderate or stop drinking, a factor that has been shown to be critical in shaping successful treatment services for young adults.

Are Students Seeking Treatment?

Only a small proportion of students with alcohol problems are involved in some type of treatment. According to researchers from the Harvard College Alcohol Study, only 6 percent of students

Many colleges and universities do a good job of providing volunteer alcohol screening, but we all know that without some kind of incentive, most students are unlikely to participate and those who do rarely complete and return these forms on their own.

diagnosed with alcohol abuse and less than 2 percent diagnosed with dependence sought treatment for alcohol problems since coming to college.

"Many students who have alcohol problems don't think they need treatment. They tend to overestimate how much other students drink and think their behavior is 'normal,'" said Deborah Lewis, alcohol projects coordinator at Cornell University, at the symposium. "Recognizing that you have an alcohol problem is hard enough, but when you're in an alcohol-rich environment, it's often much more difficult to believe you have a problem."

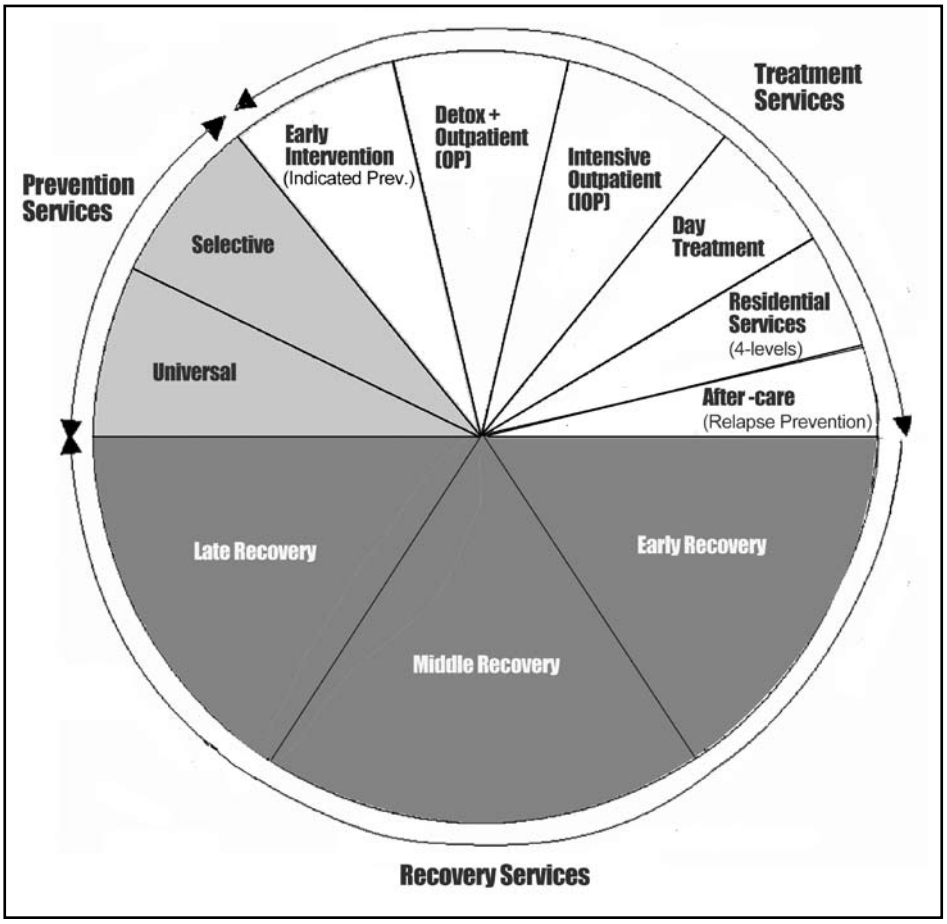
Even students who say they have experienced alcohol-related consequences are unlikely to admit they have a problem with their drinking. The Addictive Behaviors Research Center at the University of Washington found that even though roughly half of all students reported neglecting their responsibilities, getting into a fight, or doing mean things as a result of their drinking, only 16 percent said they had an alcohol problem.

Identifying High Risk Drinkers

Although very few college students refer themselves for alcohol treatment, many campuses do not routinely screen students for alcohol problems. In fact, alcohol screenings are rarely incorporated into existing student services, such as medical appointments or counseling center sessions. Faculty, staff, and health service workers also often lack the knowledge and training needed to identify students' problems as being alcohol-related.

"Many colleges and universities do a good job of providing volunteer alcohol screening, but we all know that without some kind of incentive, most students are unlikely to par-

College Alcohol Problems Continuum of Care



ticipate and those who do rarely complete and return these forms on their own,'' said Sparkle Greenhaw, associate director of the Drug and Education Center at Texas Christian University, at the symposium. ''As a result, volunteer screening programs often fail to reach students known to be most at-risk, including athletes, first year students, and members of the Greek system. Support from university administration may help to provide the leverage needed to require screening for these at-risk students.''

Campus alcohol professionals report that students who violate campus alcohol policy are the most likely to be screened and recognized as needing services, leaving a much larger segment of the student population unidentified.

From a Promising Model to Successful Practice: Challenges to Consider

While a strong treatment model and an increased ability to identify students who need help are important steps in providing treatment, several administrative and programmatic hurdles need to be overcome in order to develop, implement, and sustain new programs.

Choosing which treatment programs to provide can be very difficult because many campuses do not have the capacity to provide the entire continuum of services. Schools must decide between what services they provide on campus and those they refer students to in the community.

Lisa Laitman, director of the Alcohol and Other Drug Assistance Program for Students at Rutgers University, said at the symposium: ''Off-campus services are typically not tailored to college students. Inefficient referral systems between campus and community providers often preclude students from being connected to treatment at all. And when students are required to go off campus, they lose the benefit of having a supportive peer group and become further removed from academic life.''

Both on- and off-campus providers can find it hard to locate evidence-based programs specifically designed for college students. In fact, treatment services geared towards college students with severe alcohol problems are almost non-existent in the research literature. Because college students are in a unique developmental phase, treatment programs designed for adolescent or adults may not appropriately address their needs.

Even when new programs are evidence-based, practitioners may have difficulty implementing them if they are inconsistent with their skills or training. For example, practitioners may be uncomfortable delivering services to students with alcohol abuse or dependence if they lack training in addiction or have very little experience with individually-focused treatments.

Gaining both political and financial campus-wide support for new programs is another challenge. Administrators may have different priorities from practitioners, resulting in conflicts about the most effective way to provide services to students. Some administrators may believe that education or preventive services alone will address the needs of the entire student body, including those with more serious alcohol problems. Campus officials also may be fearful that an increased focus on alcohol treatment will create an unfavorable image of the campus and raise concerns among parents and the surrounding community.

New programs and higher demand mean more staff, physical space, and technology, which can create a substantial financial burden. However, the short- and long-term benefits of providing treatment—on both individual students and the campus community—can far outweigh any initial and ongoing program costs. In fact, campuses that provide alcohol treatment may save money by drastically reducing costs associated with the occurrence of vandalism, injuries, and other alcohol-related incidents on their campus.

Choosing which treatment programs to provide can be very difficult because many campuses do not have the capacity to provide the entire continuum of services.

Unless new solutions to these issues are identified, campuses will continue to face challenges in developing and sustaining treatment services for students with severe alcohol problems.

Laitman, who has been involved in providing inpatient, outpatient, and recovery services on the Rutgers campus for over two decades, said: ''Our experience has shown us that some of these challenges can be overcome and that effective programs can be implemented. Taking the first steps to respond to this alcohol crisis can be difficult, but it is imperative—for the health and safety of our campus communities—that we all work together to figure out how more campuses can do that.''

Erin C. Dunn is an associate project director and Maggie Mannell is a research assistant at the Center for College Health and Safety at Education Development Center, Inc., in Newton, MA.

BASICS ...AND BEYOND

WHEN THE NATIONAL INSTITUTE ON ALCOHOLISM AND ALCOHOL ABUSE (NIAAA) issued its landmark report, *A Call to Action: Changing the Culture of Drinking at U.S. Colleges* in April 2002, it recommended that colleges and universities adopt a three-in-one strategy for reducing student drinking consisting of: 1) campus-community coalitions, 2) campus-wide alcohol abuse prevention efforts, and 3) individually-focused alcohol prevention programs offered to students either one-on-one or in groups. All three strategies are necessary for a comprehensive and systematic approach to alcohol abuse prevention on a campus, and several strategies focused on individually-focused alcohol abuse prevention were designated as Tier 1 programs by NIAAA. Tier 1 alcohol abuse prevention programs are interventions that have been demonstrated to reduce drinking and alcohol-related harm in college students in rigorously conducted randomized controlled trials.

The Tier 1 intervention strategy most widely used on campuses nationwide is BASICS, the Brief Alcohol Screening and Intervention for College Students that combines brief motivational enhancement with coping skills training delivered in an interview format. According to the original research and the NIAAA report, students who receive BASICS delivered in two 45-60 minute one-on-one sessions significantly reduce their alcohol consumption. "This strategy can also reduce negative consequences such as excessive drinking, driving after drinking, riding with an intoxicated driver, citations for traffic violations, and injuries," says the report, referring to BASICS, which was developed and evaluated at the University of Washington about 15 years ago.

"In the fall of 1990 we began tracking 348 heavy drinkers who had been identified in an assessment conducted prior to their admission to the university. Half of them were randomly assigned to get a brief intervention in their freshman year, with assessment, feedback and yearly follow-up, while the others were exposed to the same kind of prevention measures that all students on campus normally get. Their assessment had given us information about their drinking frequency, binge drinking, drinking-related problems, family history of alcohol problems, and perceptions of drinking norms. So we had a lot of information from which to give them feedback," said Alan Marlatt, PhD, who led the UW research team.

The intervention group—18 or 19 year olds, half of whom were male and the other half were female—had two 45-60 minute motivational interviewing sessions with counselors who were clinical psychologists. The counselors

first thoroughly assessed the student's drinking and alcohol-related risks and then gave them feedback about their drinking pattern and risk levels. BASICS counselors also assessed the student's awareness of their actual quantity and frequency of drinking and their alcohol-related risks, and in the feedback session, attempted to motivate them to reduce their drinking and better manage their risk. Special attention was paid to the risks associated with heavy episodes of drinking common in college students that tend to expose the drinker and his or her peers to significant harm, including death by alcohol overdose.

Many of the college students in the study were drinking at high-risk levels, but most did not see themselves as having a drinking problem or were not concerned about the alcohol-related harm they were aware of. Rather than confronting them about their high levels of drinking and associated harm, BASICS counselors used motivational interviewing techniques to increase the students readiness to change their drinking habits and then suggested coping strategies the students could use to reduce the risk and harm caused by their drinking by either cutting down or quitting altogether.

The BASICS program provided students with annual feedback during three follow-up years whether they stayed in college or not. Each Autumn Quarter, students got personalized graphic feedback sheets showing the changes in their drinking rates and alcohol-related problems compared the previous year. The study found that students who were given the BASICS intervention when entering college significantly reduced their alcohol consumption by 23 percent, as measured by their self-reported amount of alcohol consumed per drinking occasion, and that these reductions were maintained at the two year follow-up. A control group of high-risk drinkers who did not receive the program cut their drinking during the first two years of college as well, but by only 5 percent (Marlatt et al., 1998, *Journal of Consulting and Clinical Psychology*, 66, 4).

"A harm reduction approach to alcohol abuse prevention is taken in BASICS with the goal of reducing risky behaviors including the quantity of drinking per occasion and decreasing the harmful effects of drinking rather than the more common goal of prevention program of focusing only on specific drinking outcomes—abstinence, reductions in the frequency and quantity of drinking—without emphasizing reducing negative alcohol-related consequences. While abstinence may still be a goal for some students, harm reduction approaches to prevention and treatment aim for changes in risky behavior all along the continuum from excessive, harmful use to complete abstinence," says George A. Parks, PhD, associate director of the UW's Addictive Behaviors Research Center who was also a counselor in the BASICS research study and is currently the senior national BASICS practitioners trainer.

Model Program

Since 2002, BASICS has been listed as a Model Program on the Substance Abuse Mental Heath Services Administration's (SAMSHA) National Registry of Evidence-based Programs and Practices (NREPP). To be a model program, a prevention program must meet the following evidence-based criteria:

- Conceptually sound and internally consistent theoretical platform
- Program activities related to conceptualization are clearly articulated especially in a manual
- Reasonably well implemented and evaluated at delivery sites beyond the test site

Model programs must be well-implemented and well-evaluated, meaning they have

been reviewed by the NREPP according to rigorous standards of research. In addition, model program developers have coordinated and agreed with SAMHSA to provide quality materials, training, and technical assistance for nationwide implementation (see sidebar).

"Nobody knows how many colleges are now using BASICS or some other form of brief motivational interventions, but estimates are over 1,000," says Parks. "In addition to its proven efficacy as a strategy for students who drink and are experiencing alcohol-related problems, BASICS is also a relatively cost-effective approach."

The BASICS assessment session includes a structured clinical interview, the assignment of self-monitoring homework, and a self-report questionnaire.

Parks pointed to a 1990 Institute of Medicine report entitled Broadening the Base of Treatment for Alcohol Problems that stated Brief Motivational Interventions (BMIs) such as BASICS are particularly effective for individuals, " who, like most heavy drinking college students, do not have severe alcohol dependence, but who are nonetheless having mild to moderate alcohol problems or who drink in harmful, hazardous ways."

"Because brief motivational interventions are usually as effective as more intensive treatments for individuals who are not severely alcohol dependent, use of brief motivations interventions becomes a realistic, cost-effective way of providing services to more individuals while saving resources for more intensive treatments such as referral to community-based intensive outpatient and inpatient treatment for those who need them," says Parks.

RESOURCES FOR BASICS

To learn more about BASICS see the following:

Substance Abuse Mental Health Services Administration Model Programs http://modelprograms.samhsa.gov/pdfs/FactSheets/BASICS.pdf This Webpage provides an overview of the BASICS program and contact information for training and technical assistance.

Parks, G.A. (2006). Individual Alcohol Abuse Prevention for College Students: The BASICS & CHOICES Modalities of the Alcohol Skills Training Program. Robert J. Chapman (Editor). *When they drink: Practitioner Views and Lessons Learned on Preventing High-Risk Collegiate Drinking.* New jersey: Rowan Press. Email George A. Parks, PhD, at gparks@u.washington.edu.

Dimeff, L. A., Baer, J. S., Kivlahan, D. R., & Marlatt, G. A. (1999). *Brief Alcohol Screening and Intervention for College Students (BASICS): A Harm Reduction Approach*. New York: Guilford Publications.

Walters, S.T. & Baer, J.S. (2006). Talking with College Students About Alcohol: Motivational Strategies for Reducing Abuse. New York: Guilford Publications.
Slides based on the book available at: http://www.guilford.com/cgi/cartscript.cgi?page=etc/walters2.html&dir=pp/addictions&cart_id=504223.18236.

Examples of BASICS as implemented on campus:
Massachusetts Institute of Technology
http://www.higheredcenter.org/casestudies/mit.html

Ohio State University BASICS Program
http://swc.osu.edu/alcohol_basics.asp

Cornell University BASICS Program
http://www.gannett.cornell.edu/healthAtoZ/healthAdvice/BASICS.html

University of Michigan BASICS Program
http://www.uhs.umich.edu/wellness/aod/BASICS.html

The rate of high-risk drinking decreased by 40 percent for MIT students who entered the MIT-SBI program using the BASICS intervention.

The Basics of BASICS

BASICS is delivered in two 50-minute sessions, usually to students who drink alcohol heavily and have experienced or are at risk for alcohol-related problems such as poor class attendance, missed assignments, accidents, sexual assault, and violence. In the first session, the BASICS counselor assesses the student's alcohol consumption pattern, the student's number and severity of negative behavioral consequences stemming from drinking, and other behaviors that may contribute to the student's health risks. Personalized feedback based on the assessment and specific advice about ways to reduce future health risks associated with alcohol use are then reviewed in BASICS session two as well as screening and referral for those who need additional services.

"Research has demonstrated that two sessions can be sufficient for students to make substantial changes in their drinking patterns and reduce negative consequences from alcohol," says Parks.

"The BASICS assessment session includes a structured clinical interview, the assignment of self-monitoring homework, and a self-report questionnaire. The second BASICS session includes feedback and advice, screening and referral to appropriate services if indicated, and stepped-care options," explained Parks.

According to Parks, BASICS feedback sessions are tailored to the student's unique needs, circumstances and level of readiness to change their drinking. Generally, most the personalized feedback is provided during the first portion of the second interview. Advice giving and making plans beyond BASICS is emphasized toward the end of the feedback session. Information about alcohol and its effects, motivational interviewing techniques, and barrier-removing strategies are embedded throughout the feedback session.

"While this structure provides overall guideline in how to conduct the feedback interview and is covered in detail in the BASICS manual (see sidebar), BASICS counselors are encouraged to take necessary liberties to stray from the recommended structure to respond to the individual characteristics or needs of a particular student," says Parks.

BASICS at MIT

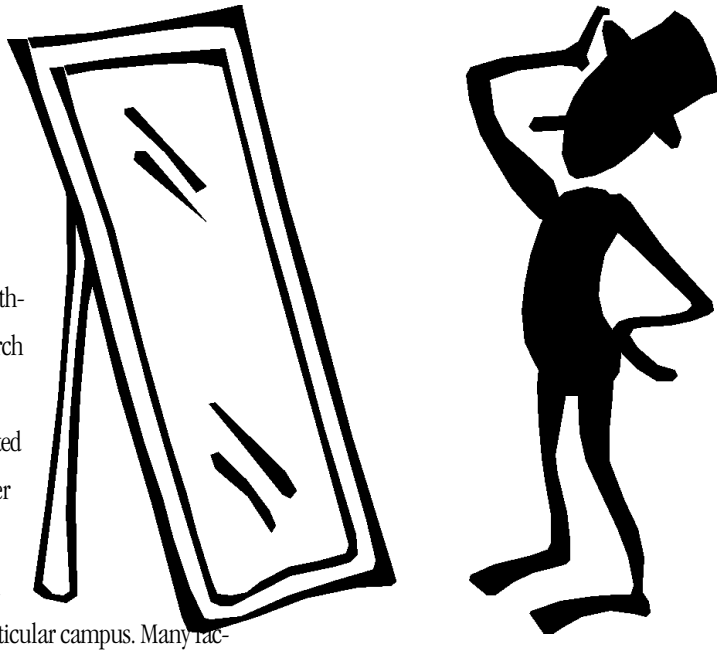
In the aftermath of the 1997 alcohol poisoning death of freshman Scott Krueger, the Massachusetts Institute of Technology initiated major changes in its policies and programs to better protect the health and safety of its students. MIT's BASICS program is one outgrowth of those changes.

Unlike many campuses that use BASICS with indicated students (those already experiencing problems) or selected students (those who screen at high-risk), at MIT in September 2001 all first-year students received an e-mail asking them to participate in an online survey. They were directed to a MIT website containing a short, multiple-choice questionnaire about their drinking behavior and its consequences. Students who completed the questionnaire—872 out of some 1,000 freshmen—were each paid $25 for their participation.

John S. Baer, PhD, one of the creators of the BASICS program and the research coordinator of the BASICS efficacy trials in the 1990's, says, "MIT is actively promoting the health of students; very few universities are actually screening and recruiting students before they get into trouble."

Then, based on certain criteria in the students' responses, such as frequency of drinking, number of drinks per sitting, and negative consequences experienced from drinking, program administrators identified students they thought would benefit from one-on-one sessions with MIT counselors specially trained by Baer in delivering BASICS. Of the 75 students who met the screening criteria, 15 agreed to participate in two voluntary and confidential hour-long counseling sessions, for which they were paid an additional $25. Now, students who agree to participate in the BASICS counseling sessions are paid $70 into a TechCASH, which can be used for all campus services.

Since spring 2001, MIT began to incorporate BASICS screening and brief intervention as a



primary judicial sanction for student violations of the alcohol policy. MIT followed these students to examine recidivism rates associated with each type of sanction imposed. None of those who received Screening and Brief Intervention (SBI) as a sanction had another alcohol or other drug violation, while 15 percent of those who received another form of sanction, such as community service and fines, had a second alcohol or other drug violation. Since 2002, no student who has participated in the SBI program after an alcohol-related incident has experienced a second incident of alcohol-related injury or overdose. The rate of high-risk drinking decreased by 40 percent for MIT students who entered the MIT-SBI program using the BASICS intervention. In 2003 over 55 students participated in the SBI program.

In 2004, the MIT program was recognized by the U.S. Department of Education as one of three model alcohol and other drug prevention programs in higher education. The award recognizes innovative and empirically validated programs that effectively address alcohol and other drug issues among college student populations.

What's Next?

Like MIT's program, colleges and universities who are looking to implement NIAAA Tier 1 strategies on campus are examining different ways to tailor BASICS to meet the needs of their students. BASICS and other Brief Motivational Interviews have been implemented at hundreds of colleges and universities throughout the United States. However, there is concern about how faithfully the efficacy research on BASICS and other BMIs has been translated into practice or whether these programs are actually effective when implemented on a particular campus. Many factors can impede the implementation and dissemination of BASICS and other BMIs, including lack of infrastructure and stakeholder support to sustain its delivery, adaptations not supported by research, and lack of integration of the program into an overall prevention, early intervention, and treatment approach.

To address this gap in knowledge, Laurie Davidson, associate director of the Center for College Health and Safety at Education Development Center, Inc. and George Parks, convened a national meeting to support bringing BASICS and other BMIs to scale on college campuses.

BASICS and Beyond: Building Bridges Between Research and the Practice of Brief Motivational Interventions for College Students was a national symposium held in Seattle, Washington on October 23 and 24, 2006. The meeting brought together researchers and campus implementers with representatives of state and national organizations supporting college alcohol abuse prevention efforts to review the efficacy research on BASICS and related BMIs and begin developing a consensus of what constitutes best practices for BASICS and BMI delivery and implementation. Davidson and Parks plan to summarize draft recommendations from the 48 expert participants who attended the symposium for further implementation and dissemination of BASICS and other evidence-based BMIs. The report will be available in early 2007.

Given the recent development, testing and implementation of BASICS and other BMIs, it seems the time is right for individual prevention programs such as BASICS and those strategies focusing on environmental management, policy and social norms marketing to finally be integrated into an overall comprehensive system of care to more effectively prevent and reduce the harm caused by alcohol to college students throughout the country. Likely, the best is yet to come.

For information about BASICS practitioner training, consultation or technical assistance, please email George A. Parks, PhD, at gparks@u.washington.edu or Laurie Davidson at ldavidson@edc.org.

Substance Abuse Interventions in Context

By William DeJong

I TEACH A GRADUATE COURSE IN INTERVENTION PLANNING at the Boston University School of Public Health. To orient my students I talk in the first class about the central lesson of public health work over the last 150 years: that often the best way to safeguard people's health is to transform the environment in which they live, work, and play, and that we can do this by making changes in institutions and communities, often through public policy reform. With this approach, we can affect an entire population, not just a few individuals or groups, and we can achieve success at far less cost.

As public health professionals, I explain to my students, they will encounter resistance to this approach. Most practitioners, like the general public, see "lifestyle" health problems—substance use, violence, risky sexual activity, and poor exercise and diet—to be primarily the result of poor decision-making. Their preferred solution is to increase knowledge and change attitudes through better health education, with the expectation that people will then make better informed decisions, and to provide intervention and treatment for those who go on to develop significant problems.

Practitioners also know that institutional or community change can only be accomplished through a highly charged, unpredictable, and often frustrating political process. Success can be elusive. The public at large often opposes policy change, thinking that it is unfair to make everyone "suffer" in order to protect the small minority that makes bad choices, or more generally resenting what they see as the "nanny state" mentality of public health advocates. Moreover, policymakers are finely tuned to various business interests, and they may be legitimately concerned about a new policy's economic impact.

I press on to make my pitch. Yes, there is a widespread presumption in favor of individually focused strategies. Yes, implementing a health education or intervention and treatment program is politically safer. But I want my students to do public health work from a different starting point—a presumption in favor of environmentally focused strategies. To my dismay, even though graduate school is a safe time to explore strategic planning to create systems change, the vast majority of my students shy away from tackling a project of this complexity, preferring instead the familiar route of planning a traditional health education or intervention and treatment program.

This is the context in which I reflect on the current interest in screening, intervention, and treatment programs for college students.

Environmental Management

It has been nearly five years since the National Institute on Alcohol Abuse and Alcoholism (NIAAA) issued *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*, a special report prepared by the NIAAA's Task Force on College Drinking. The Task Force—composed of college presidents, researchers, and students—conducted an extensive review of the research literature in order to provide the most current science-based information on college drinking.

Serving at the time as director of the Higher Education Center for Alcohol and Drug Abuse and Violence Prevention, I was pleased to see that the NIAAA report reinforced our strong emphasis on college and university administrators taking an active role in monitoring and

reshaping the environmental factors that affect student drinking, an approach I had dubbed "environmental management." Many institutions had followed our lead, and the NIAAA report endorsed that.

When the report was issued, environmental approaches had been used successfully with general populations, but had not yet been evaluated with college students. The NIAAA report listed five specific strategies: 1) increased enforcement of minimum drinking age laws; 2) implementation and enforcement of other laws to reduce alcohol-impaired driving; 3) restrictions on alcohol retail outlet density; 4) increased prices and excise taxes on alcoholic beverages; and 5) responsible beverage service policies in social and commercial settings.

Later evidence also supported the environmental management approach. In 2004, Elisa Weitzman, PhD, and her colleagues at the Harvard College Alcohol Study, published a long-awaited evaluation of ten campus-community coalitions participating in the Robert Wood Johnson Foundation's "A Matter of Degree" initiative. There were significant decreases in student alcohol use and related problems at the five campuses that implemented the greatest number of environmental change strategies, which affected the entire student body, not just a small number of individual students. Strategies that reduced alcohol availability and increased consequences for drinkers and alcohol suppliers appeared to be especially beneficial.

If we are to implement these programs on a scale big enough to affect the behavior of large numbers of students, then we need Website-based tools that incorporate the critical features of the best face-to-face programs.

Individually Focused Interventions

Examining the NIAAA report, there was also this fact to consider: the interventions with the strongest evidence were those that target individual students who are problem drinkers or alcohol-dependent. BASICS (Brief Alcohol Screening and Intervention for College Students), for example, uses two brief motivational interview sessions to give students feedback about their drinking and an opportunity to craft a plan for reducing their alcohol consumption.

These individually focused interventions may have the strongest evidence, but that is actually not surprising. Researchers conduct experimental trials to evaluate these programs, and they are able to do so using relatively small study samples, with random assignment of individual students to treatment and control groups. Such studies are tailor-made for NIAAA funding. In contrast, experimental trials to evaluate environmental management approaches, with academic institutions randomly assigned to experimental groups, cost several million dollars each.

Based on the NIAAA report, college and university officials have expressed strong interest in having screening, intervention, and treatment programs, especially brief motivational interviewing (BMI). I welcome that. What concerns me, however, is that interest in these programs can come at the expense of focusing on environmental management approaches.

Part of my unease comes from the fact that these interventions, using trained professionals to conduct one-on-one or small group sessions, as was done in the research studies, are labor-intensive and must remain limited in scope. If we are to implement these programs on a scale big enough to affect the behavior of large numbers of students, then we need Website-based tools that incorporate the critical features of the best face-to-face programs. Research is underway to develop and evaluate such tools.

The Prevention Paradox

But even if a Website-based tool proved to be effective, I would continue to have concerns about school officials neglecting environmental management approaches.

If we are trying to get problem drinkers to reduce their consumption, how can we expect them to succeed if they are attending school in a community where alcohol is readily available and heavily promoted, the law and school rules are indifferently enforced, and there are few substance-free recreational options? Some students could still decrease their alcohol use, of course, but in many college communities, it would be an uphill fight.

Also consider a recent study conducted by Weitzman and Toben Nelson. Using data from the Harvard School of Public Health's College Alcohol Study, they demonstrated that, while students who drink heavily are at the greatest risk for harm, they account for a relatively small proportion of drinking-related harms on campus. How can this be? Students drinking at lower levels are at less risk, but that risk is not zero; they constitute a substantial majority on campus and therefore account for the majority of negative consequences experienced by student drinkers. This pattern—what prevention experts call the "prevention paradox"—has been seen in other populations, too.

This is an important finding, with clear implications: if we are to address the majority of alcohol-related problems on campus, then we must apply strategies that will reach the majority of non-problem drinkers. That means changing the campus culture, moving from a campus and community environment that promotes heavy consumption to one that promotes health and safety.

Developing, implementing, and evaluating a program of environmental management is hard work, but it is an effort that must be made. The inescapable fact is that the behavioral choices we make as individuals are greatly influenced by the physical, economic, and social environment in which we find ourselves. If we want population-level change, then we must change that environment. This is too important a lesson for college and university officials, and those who fund and support their work, to forget. The work of environmental management must continue.

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William DeJong, PhD, is a professor of social and behavioral sciences at the Boston University School of Public Health.

THE POWER

By Linda Costigan Lederman

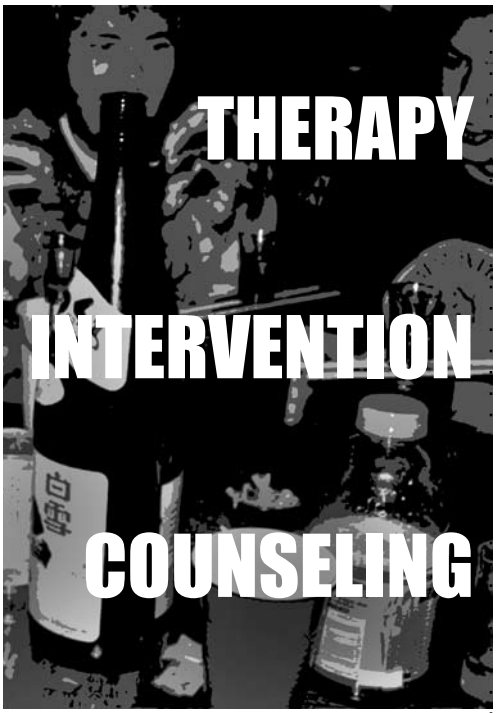
WHAT DIFFERENCE DOES IT MAKE WHAT WE CALL SOMETHING? Isn't a rose a rose by any other name, as Shakespeare once put it long ago? Probably not, a language specialist of today would tell you. Words matter and are important in relation to the treatment of alcohol problems on today's college campus.

One way that communication specialists illustrate the importance of words in addressing alcohol use on campus is to compare a word to a map. As a map, a word is only as good as it is an accurate representation of the "territory" it describes. The word, banana, used to refer to a blanket is like getting a map of Detroit when you want to sightsee in Denver. The word and the image it creates in the traveler's mind have the power to shape whether one even wants to take the journey.

By comparing words to maps it is possible to demonstrate the power of words in and of themselves to effect both how people think or feel about something as well as what they believe they ought to do about it. This is true in large measure because the word as a map brings with it a picture of the "territory" it covers, or its meaning, and once you know what something "is" you have already begun to shape what you think ought to be done about it.

Nowhere is this truer than in the words used to refer alcohol use on college campuses and the unintended consequences of poor definitions in determining appropriate treatment strategies. As

OF WORDS: TREATMENT BEGINS WITH NAMING THE PROBLEM



many experts writing about college drinking have pointed out, there is a proliferation of terms used to describe college drinking: heavy episodic, binge, responsible, dangerous, heavy, high risk drinking, alcohol use/abuse/dependence, to name only the most often used. And frequently these words are used interchangeably. The result is that it becomes rather unclear what those words actually mean and how they are similar or different from one another. But this is not a new problem. As early as 1960, E.M. Jellinek, in his classic text, called attention of the problem of the overabundance of terms referring to alcoholism and lack of clear definitions of disease.

One of the consequences of the continuing proliferation of words to describe college campus drinking problems is a lack of clear cut measurable goals for treatment. It simply isn't possible to determine how to treat anything when uncertainty exists about what it is that treatment is designed to cure. The word used to explain something often shapes the problem described by that word; the word is the map that depicts the territory, the problem. One of the causes of the lack of effectiveness in treating alcohol problems is the lack of clear definition of the problem, including the careful selection of the words to name that problem. Words have to be accurate and up-to-date depictions of the phenomenon they describe if you are not to get "lost."

One of the consequences of the continuing proliferation of words to describe college campus drinking problems is a lack of clear cut measurable goals for treatment.

Several experts on college drinking have written about the use of the term "binge drinking," to describe college drinking excesses as a striking example of the confusion that can be caused by multiple meanings of words. Binge drinking is a term that causes misunderstanding because it is not a clear "map" of a "territory." In the college drinking literature, binges were initially considered to be five or more drinks in a sitting. The number of drinks was later refined to be five or more for males, four or more for women, and most recently, to include a specific time frame: two hours. The result is three uses of the same term by researchers writing about it: five or more drinks; five or more for males, four or more for female; five or more for males, four or more females within two hours. But, those are not the only meanings consistently attributed to "binge drinking," because long before the word was used to refer to a number of drinks in a

given time period it was used by treatment specialists to refer to a form of periodic alcoholism, carrying with it loss of control, memory and the progressive characteristics of a disease.

Made famous in films in the 1950s and 1960s like The Lost Weekend and The Days of Wine and Roses, binges had a social stigma that has lasted into current times. As a result, news stories of campuses with binge drinking often produce fear in parents about sending their children to those schools. Yet students interviewed on the very same campuses consistently reported that "binges aren't something that happen here" even when they themselves describe drinking 10 to 12 drinks when they partied. All these different meanings for the same word cause a great deal of confusion about the nature of the problem, and therefore, about what to do about it.

Even when these differences in meanings are pointed out, many people may dismiss concerns with language as "just semantics." But experts who study the relationship of language and behavior, know the power of words to shape attitudes and behaviors toward the "territories" for which the words are "maps." They point to the impact of word choice on the subsequent decisions made about what to do about the problem. A growing number of specialists dedicated to changing the culture of college drinking, have become aware of the need for sensitivity to language choice.

In a report produced by the Silvergate Group for the White House Office of National Drug Control Policy, a panel of experts engaged in a two-year attempt to create a glossary of suggested terminology for prevention of college drinking. This same step has yet to be taken in the journey to find effective treatment for college students. In order to determine the treatment for any of these alcohol-related behaviors, actions have to be taken to assure that the words chosen to describe the problems distinguish the various degrees of difference among them on a continuum from the least harmful misuse of alcohol to the most serious manifestations of the disease of alcoholism; and then match treatment plans to each distinct alcohol-related problem.

According to William White in *Pathways from the Culture of Addiction to the Culture of Recovery: A Travel Guide for Addiction Professionals* (Hazelton, 1996) the terminology used must contain a set of words and ideas that can simultaneously: 1) help individuals construct or change their relationship with alcohol, 2) guide professional helpers in organizing and evaluating their interventions into alcohol-related problems, and 3) help communities and societies understand and manage these problems in the aggregate. In terms of the treatment of college students, there is much work to be done. While various studies provide differing accounts of the percentages of students who use alcohol in overabundance, what is clear from all of the studies is that a highly visible portion of students on any college campus are drinking in ways that appear to be problematic and that some subset of that group suffers from some form of a problem with alcohol. What is not clear is the exact nature of the problem.

A number of issues remain to be addressed, such as, the danger in the alcohol use and whether it is the onset of the disease of alcoholism or alcohol poisoning that can be fatal for anyone. Another is whether the alcohol use is a chosen or conditioned behavior. Important, too, is if alcohol mis-use is a passing phase of growing up or an early sign of alcoholism. In determining the appropriate treatment plans for college students it's important to address all of these issues, including the definitions used to describe and make distinctions among students' various alcohol-related behaviors. Carefully selecting the words to describe the students, their alcohol use and the impact of the environment on alcohol use is the first step toward finding effective ways to design the appropriate interventions for each of the segments of the college population that need it.

White's criteria suggest that these words must help students examine, and where necessary, change their relationship with alcohol; guide campus treatment specialists in the identification and application of appropriate and effective treatment strategies; and help the rest of us in the college community—parents, teachers, friends, administrators, staff, town residents and merchants—understand the role we can play in addressing the problem.

Successful treatment for the various forms of problematic use of alcohol on the college campuses is the goal of experts concerned with college drinking. Do words matter? Yes. The power of words lies in their ability to help shape the decisions made on each step of the journey toward eliminating problem drinking on college campuses.

Linda C. Lederman, PhD, is a professor of human communication at the Hugh Downs School of Human Communication at Arizona State University and the director of the Institute for Social Science Research. She is also on the faculty of the Center of Alcohol Studies at Rutgers University. Her most recent book is Changing the Culture of College Drinking *(Hampton Press, 2005).*

Campus Programs Offer Students Help With Their Recovery

WHEN JESSICA MOSES STARTED HER FRESHMAN YEAR AT THE PRICEY ROLLINS COLLEGE in Winter Park, FL, on a scholarship she felt like a misfit. Many of her classmates were from the East, she hailed from the Midwest. She didn't tote Gucci, step out in Prada, or have access to a trust fund.

But she did have one thing in common with the rich kids—they liked to drink alcohol. In an effort to make friends, she tipped beer bottles all night at a frat party. She discovered her new drinking buddies also liked marijuana, a habit she picked up in high school.

Soon Moses became friends with Heather, who would come to her room to do lines of cocaine. At the parties that Moses was now getting invited to, it seemed that everyone was using cocaine and it looked glamorous. It wasn't too long before Moses tried the high that Heather told her she would "chase her entire life."

Slowly, the glamour wore off. She suffered horrible downs. She would get suicidal and would feel worthless. She tried to quit several times. During spring break, she tried to detox at home, determined never to use cocaine again. Her friends picked her up at the airport on her return to school and soon they were at their drug dealer's home. Moses just wanted to use pot but her friends said all he had was blow. She wasn't going to use but once she got there she relented in a big way.

"I was ravenous and did an eight ball [3.5 grams of cocaine, a lot for one person and enough to overdose on]. When I was in my down, however, I called a therapist and left four or five messages. I was suicidal and I was done. I realized I was a worthless addict. I had given up on quitting on my own."

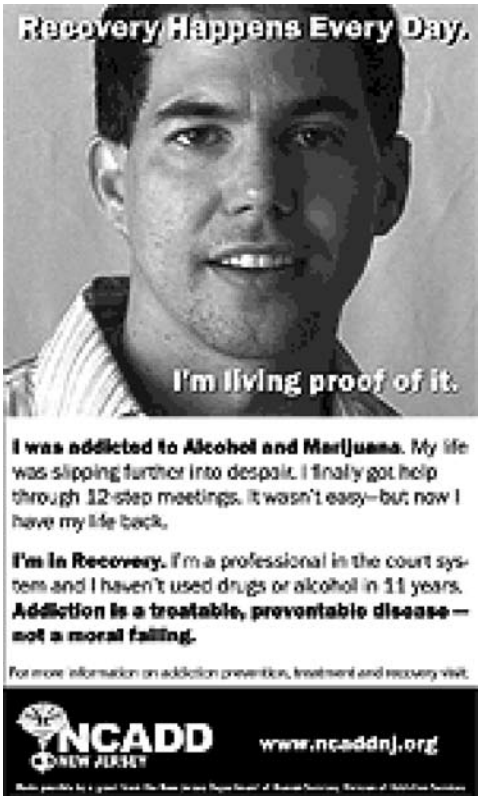
She landed in a treatment center near her home in Minneapolis. After treatment, she wanted to return to college but knew that if she returned to Rollins, she would put herself in jeopardy. The treatment center told her about a campus recovery program at Augsburg College, a private liberal arts college in Minneapolis.

She enrolled in the StepUP program that housed her with other students who understood what she was going through. To stay in the program, she learned that she had to stay sober, meet with counselors each week, attend group and resident floor meetings, take a urine test every six months, attend two AA meetings a week, and meet with her sponsor. And she couldn't attend parties where alcohol or drugs were being used.

Moses was lucky to find such a program considering that there are only a handful of colleges and universities that provide such programs that offer services to students who have had treatment and now need continuing care to help them recover from alcohol or drug dependency (see sidebar).

She was also lucky to find one that has a residential program. Augsburg can house 53 recovery students and next year, once a new building is constructed, will be able to house 84 students.

On-site housing is a real plus for many students because it can insulate them from the drug and alcohol use that happen in regular dorms. Patrice Salmeri, director of the StepUp



HIGH SCHOOL AND COLLEGE RECOVERY PROGRAMS

While the list of programs is growing, the number of colleges offering programs is still small. The following colleges identified by the Association of Recovery Schools offer recovery programs:

- Augsburg College http://www.augsburg.edu/stepup/
- Case Western Reserve University http://studentaffairs.case.edu/counseling/recoveryhouse/faq.html
- Dana College http://www.dana.edu/Academics/focus.html
- Grand Valley State University http://www.gvsu.edu/alert/
- Loyola College http://www.loyola.edu/campuslife/healthservices/adess/
- Rutgers University http://health.rutgers.edu/adaps/recoveryhousing.htm
- Texas Tech University http://www.hs.ttu.edu/csa/
- University of Texas at San Antonio http://www.utsa.edu/counsel/RecoveryCenter.htm
- University of Texas at Austin http://healthyhorns.utexas.edu/education/csr/
- Washington State University http://www.adcaps.wsu.edu/

Colleges aren't the only academic institutions with recovery programs. Twenty-six high schools offer programs for recovering students. Unlike colleges, the entire school is in recovery, making it a supportive and drug-free atmosphere for students. Most recovery schools are not residence programs; the students live with their parents.

It is much more difficult and expensive to start a high school program because it has to fund a whole school, hire faculty, and develop curriculum. However, the student bodies are considerably smaller—some only serving 20 students so the facilities don't have to be huge. Students usually have to have completed a treatment program and demonstrate a real desire to complete high school. The schools offer a haven from ordinary high schools where these students made the friends that supported their use of alcohol or drugs and where they would buy, sell, and use the alcohol or drugs.

The Association of Recovery Schools http://www.recoveryschools.org/ advocates for the promotion, strengthening, and expansion of secondary and post-secondary programs designed for students and families committed to achieving success in both education and recovery.

program, says that with drugs and alcohol available across campuses, it helps to have a safe haven from that temptation. They can still benefit from living on campus, but have the support they need to stay sober.

It also helps to have a program located where the students spend most, if not all, of their time. Andrew Finch, executive director of the Association of Recovery Schools, says that a campus program has real benefits because students don't have to actively seek out a program and make an appointment, which they might fail to meet. On campus, they are accountable to the program and to their peers, he said. And they have mentors, other students in recovery, who are close by and ready to help.

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"I had struggles at first with my sobriety," said Moses. "But every night I can come home and talk to girls who have been there—girls who have a lot more sobriety than me. I have people who care about me and know things

about me that I probably don't even know because they get the outside look. And it is motivating because I don't want to let them down because they have all been so proud of me."

Slow Start

Two programs started as early as the 1980s—at Rutgers University and Texas Tech University. But in the last four years, the number of schools with recovery programs has increased to ten. Finch anticipates that number to double in the next two years because so many more campuses have approached him about starting a program.

Why are so few colleges offering recovery services? One reason is that some administrators don't believe it is the job of colleges to provide treatment or recovery because such resources are already available in the community. Others may fear advertising a recovery program on their campus will lead people to think that the college has a high rate of drug problems on campus.

But, according to Finch, campuses that have instituted programs have experienced the opposite effect. The programs have been viewed as a positive and the students in the programs have become some of the shining stars on campus.

"People in recovery are highly motivated people," says Moses. "The teachers want StepUp kids in their classes. We are always willing to share and we have a different point of view than the average student. We also appreciate things that other kids find a burden. I'm able to sit down and do my homework and really put my heart into it. I'm not thinking about going out to get high."

Cost doesn't have to be a factor, although providing these services does add to a college or university's budget. According to Salmeri, it can cost about $300,000 a year for a program. Nancy Harper, professor of communications and director of ALERT Labs (Alcohol Education Research, and Training Laboratories) at Grand Valley State University, in Allendale, Michigan, says that it cost very little to start their program, which has been operational since 2002.

At first, she says, the cost was only her salary and the salary of two full-time staff people. But both schools do get money from grants and private donations from families. Grand Valley has received grants from the Substance Abuse and Mental Health Services Administration and the U.S. Department of Education and local community groups.

"We have been running the program mostly on other people's money and the university is reaping enormous benefits," said Harper. "Every time we are able to help a student become sober and stay with the university we are saving $50,000 to $100,000 that the university will bring in to educate each student. The retention rate goes up as does the graduation rate."

Finch says that a program doesn't have to be elaborate to be effective. A college can start with a handful of students who can start a support group and have one or two staff members working with the group. He says that a facility isn't even necessary, that all that is needed is an office and a common meeting place for students.

Augsburg's program started in 1997 after students shared with Don Warren, the program's founder, that it was difficult to live on campus and recover from chemical dependency. He started the StepUp program with two staff members that served 25 students. The program's original model has remained virtually the same, says

Salmeri, who replaced Don Warren in 2002 when he retired.

Grand Valley State University's Pathway to Recovery program grew out of a successful prevention program that employs a number of strategies and activities under an over-arching environmental management approach. After three years, this multi-component effort resulted in a 50 percent reduction in heavy drinking and a 30 percent increase in students who abstained from alcohol. But Harper realized they needed to add services for students with dependence problems, and she got the University to support a recovery program. It began by offering a 12-step program and then added counseling. It hired a recovery counselor and created housing for 44 recovering students. GVU soon will be offering recovery coaching training to students who have been sober for at least two years, who can the help others new to recovery.

There is help available now for colleges in assessing needs and setting up a program. Finch says that it is easier now that other colleges have programs from which to model. Also, he said, Texas Tech has received Federal funds from the Center for Substance Abuse Treatment to provide needs analysis and to replicate such a program on other college campuses.

Finch says he hasn't seen a college that hasn't benefited from having a recovery program, that students are retained and that they are drawing students that might not have been able to succeed in college before. He argues that schools are losing out by not having a program on campus.

"If a college is true to its mission to provide an environment that supports the education of every student then it would want to do everything it could to retain a student. The cost of an additional employee and some office space is valuable if it is going to retain six or seven students and help them succeed academically. I think it balances out in the end," said Finch.

Stigma Not an Issue

Some may worry that housing students in separate recovery housing could make them the victims of stigma by other students and teachers. While none of the housing is identified as "recovery" housing, most students know where the recovering students live. But it doesn't seem to be a problem for the students.

"We have done a lot of education and the students see [the recovery program] as a plus rather than a stigma, and they respect the journey these students have taken. Some of the students hang out with the recovering students because they want an option of no drugs and alcohol," said Salmeri.

Moses has found that many students are uncomfortable being around the students in recovery, but not for the reasons you'd think. She says they worry that the recovering students will think that they have a drinking problem or that they will judge them because of their drinking habit and will tell on them.

And the students themselves don't seem to worry about stigma. Finch says most are proud of what they are doing and very few feel uncomfortable talking about their recovery. "It is one of the things in the last 10 years that they have done right in their social and academic life," said Finch. "They have made a choice that is healthy. Some even believe it is their job to educate the public."

Continued from inside front cover

nor easily assessed. The Forum says that establishing a set of well-specified, evidence-based practices for substance use disorder (SUD) treatment can lay the foundation for future performance measures and improvements in the quality of care.

In December 2004, the National Quality Forum conducted a workshop addressing effective treatment for patients with substance use disorders. Participants recommended seven general categories of treatment practices for substance use disorders that are supported by good evidence of effectiveness. They are:

- opportunistic screening for alcohol misuse in all healthcare settings
- brief intervention, by a healthcare practitioner trained in this technique, for patients identified with SUDs (both drug and alcohol)
- a written treatment "prescription" for needed services for all patients assessed and diagnosed with SUD
- initiation of effective psychosocial interventions for all patients referred for specialty SUD treatment
- consideration of addiction-focused pharmacotherapy for patients with alcohol or opioid dependence
- systematic activities to promote patient engagement and retention in treatment by specialty SUD providers
- processes for engaging SUD patients in long-term monitoring/management through collaboration between specialty and primary care providers

The National Quality Forum has initiated a project, "Evidence-Based Practices to Treat Substance Use Disorders," funded by a grant from The Robert Wood Johnson Foundation. This project seeks to achieve national voluntary consensus on a set of effective, well-specified practices for the treatment of substance use disorders (SUDs).

This project will build on the results of the 2004 workshop by:

- establishing a set of more detailed and fully specified candidate practices within each of the seven areas recommended by the workshop;
- reviewing the importance, effectiveness, feasibility, and usefulness of the candidate practices, including their usefulness as the basis for future performance measures; and
- pursuing national consensus around the identified practices.

For more information on the "Evidence-Based Practices to Treat Substance Use Disorders" project, go to http://www.qualityforum.org/projects/ongoing/sud.asp

Promoting Quality and Accountability

The Washington Circle, a policy group on performance measurement for care of substance abuse disorders, says that there is a clear need to promote quality and accountability in the delivery and management of alcohol and other drug services by organized systems of care, both public and private.

The WC believes that this is best accomplished through adopting a process-of-care model and defining a set of measures for each domain within that model. Moreover, the WC believes that accountability for AOD services is best achieved when system performance is compared across all domains of the process of care. The WC has developed a core set of performance measures for alcohol and other drug services for public- and private-sector health plans that reflect the following values:

- Treatment is essential. People with "alcohol and other drug" AOD disorders suffer from conditions that are frequently chronic and relapsing in nature, readily identifiable, and eminently treatable. They should receive professional care for these conditions in a timely and respectful fashion and this professional care should be followed with continuing support through Alcoholics Anonymous (AA), Narcotics Anonymous (NA) or other community support organization.
- Recognition is a key first step. AOD disorders often go unrecognized and untreated in health care settings. Identifying people in need of AOD services and providing them with access to appropriate care are "first order" responsibilities of managed care organizations.
- Comprehensive treatment is critical to recovery. People with AOD disorders deserve to have the full range of evidence-based treatment options available to them, including pharmacotherapies and residential care. Self-help and peer support such as provided through AA/NA, although an important component of a comprehensive treatment plan, is
- Support services for family members are crucial. Family members of individuals with AOD disorders are often at increased risk for AOD abuse and other problems. Support services to family members are an important component of treatment for the affected individual.

For more information about the Washington Circle go to http://www.washingtoncircle.org

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For more information contact:

612-330-1682
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www.augsburg.edu/stepup

Editors note: Augsburg College promotes its on-campus recovery progrm with this poster.